10/524336 FILLING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET AFFLICAKTO) (FOR USE WITH FORM PTO-875) . CLAIMS AFTER AFTER AFTER AFTER AS FILED AS FILED 2nd AMENDMENT IN AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 51 -12. 6. .23 TOTAL IND. TOTAL IND. Ψ TOTAL DEP. TOTAL DEA

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TOTAL